

# Activity Prescription Form

## Key Training Points for COHE Providers

July 2009

Much as a drug prescription communicates what medications a patient should take, an activity prescription communicates what activities a patient should participate in. This form was designed in collaboration with COHE providers, surgeons, employers, vocational counselors and L&I staff.

How does the Activity Prescription Form (APF) reduce the administrative burden on providers?

- It replaces time loss notification, supplemental medical report, estimate of physical capacities and physician's final report
- Once faxed to L&I it is imaged and available promptly in the claim file (on-line through the Claim and Account Center)
- Vocational counselors and employers are being instructed to review the claim file for activity prescription forms. If the information they need is not available, they will request that the claim manager send an APF to the provider for completion.
- *Note from employer when asked if the APF would give them the information they needed:* "The main problem is having the MD fill out the forms completely. Estimates on return to work, duration of time loss or light duty and complete restriction details are the most common reasons we would need to follow up with the physician."

How often should providers use the form?

- Pilot project providers have the discretion to generate the form for state fund claims when they believe it is appropriate. Previously, COHE doctors were limited to using the form once every two weeks. That guideline is no longer in place, but providers are encouraged to use the form judiciously. Only complete the form when there are meaningful status changes.
- Billing guidelines are on the back of the form.

What about chart notes and 60-day reports?

- The APF summarizes the "APER" of SOAPER notes. It does not replace chart notes. These must still be completed and sent to the department.

What else do providers need to do if the worker is unable to return to work at the job of injury?

- Review and sign job analyses/job offers for light or modified duty work.
- **Note:** vocational counselors or employers may need you to indicate that specific jobs are *not* possible in order to proceed with additional services.

### Key points about the **General Info** section:

|              |                                |                 |               |
|--------------|--------------------------------|-----------------|---------------|
| General Info | Injured Worker's Name:         | Visit Date:     | Claim Number: |
|              | Doctor's Name <i>printed</i> : | Date of Injury: | Diagnosis:    |

- [No changes to this section or this page of instructions](#)
- Patient stickers may be used, as long as all the requested information is provided.
- Either ICD-9 codes or written diagnoses may be listed in the Diagnosis box.
- Providing this information will ensure the form gets into the correct claim file.
- Including the provider's name and the visit date is important for billing purposes.

# What does the provider need to know about the **Released for Work** section?

|   |  |   |
|---|--|---|
| <b>Required: Released for work?</b><br>Check at least one | <input type="checkbox"/> Worker is <b>released</b> to the job of injury without restrictions on (date): ____/____/____ Skip to "Plans" section below.  | <b>Required: Key Objective Finding(s)</b> |
|   | <input type="checkbox"/> Worker <b>may perform modified duty</b> , if available, from (date):<br>____/____/____ to ____/____/____<br><input type="checkbox"/> Worker <b>may work limited hours</b> : ____ hours/day from (date):<br>____/____/____ to ____/____/____<br><input type="checkbox"/> Worker <b>is working</b> modified duty or limited hours<br>Please estimate capacities below <u>and</u> provide key objective findings at right. |   |
|   | <input type="checkbox"/> Worker <b>not released to any work</b> from (date): ____/____/____ to ____/____/____<br><input type="checkbox"/> <b>Prognosis poor for return to work</b> at the job of injury at any date<br><input type="checkbox"/> May need assistance returning to work<br>Capacities apply 24/7, please estimate capacities below <u>and</u> provide key objective findings at right.   |   |

- Replaces the time loss notification form. There are distinct sections for:
  1. return to job of injury, 2. Modified duty, **limited hours** and 3. unable to work.
- **Modified duty section now has 3 separate lines. More than one can be checked.**
- **Unable to work section now has all 3 lines indented the same amount. The voc. rehab. recommendation has been replaced with "May need assistance returning to work."**
- Claim Managers need confirmation of the objective medical findings when IW is released to light/modified duty or unable to return to work in order to award time-loss or loss-of-earning-power benefits.
- If the objective medical findings have not changed since the last APF was completed, enter the same findings in this box again. Writing "see chart notes" is not acceptable, as chart notes often arrive in the claim file later than the APF.
- Providers are encouraged to be realistic on "to" dates. It may not necessarily be the next office visit, but the point at which the provider expects the patient's status to change.
- Please complete a new APF if the status changes before the "to" date is reached on a previous form.
- If the patient is at the "to" date from a previous APF, it's time to do another APF
- Key objective findings are verifiable on exam. Examples are:
  - Limited ROM (specify extent of limitation)
  - Decreased strength (specify extent of decrease/muscle grade)
  - Swelling
  - Muscle atrophy
  - Does *not* include subjective complaints such as pain, tenderness or fatigue.
- Be specific with date ranges.

# What is important about the *Estimate what the worker can do* section?

|  |  |       |                             |                                   |                                 |                                       |   |  |  |
|--|--|-------|-----------------------------|-----------------------------------|---------------------------------|---------------------------------------|---|--|--|
| <b>Required: Estimate what the worker can do</b><br><i>Unless released to JOL</i>  | Capacity duration (estimate days): <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 30+ <input type="checkbox"/> permanent   |       |                             |                                   |                                 |                                       | <b>Other Restrictions / Instructions:</b> |  |  |
|  | <b>Worker can:</b> (Related to work injury.) Blank space = Not restricted  |       |                             |                                   |                                 |                                       |   |  |  |
|  |  | Never | Seldom<br>1-10%<br>0-1 hour | Occasional<br>11-33%<br>1-3 hours | Frequent<br>34-66%<br>3-6 hours | Constant<br>67-100%<br>Not restricted |   |  |  |
|  | Sit  |       |                             |                                   |                                 |                                       |   |  |  |
|  | Stand / Walk   |       |                             |                                   |                                 |                                       |   |  |  |
|  | Climb (ladder / stairs)  |       |                             |                                   |                                 |                                       |   |  |  |
|  | Twist  |       |                             |                                   |                                 |                                       |   |  |  |
|  | Bend / Stoop   |       |                             |                                   |                                 |                                       |   |  |  |
|  | Squat / Kneel  |       |                             |                                   |                                 |                                       |   |  |  |
|  | Crawl  |       |                             |                                   |                                 |                                       |   |  |  |
|  | Reach <b>Left, Right, Both</b>   |       |                             |                                   |                                 |                                       |   |  |  |
|  | Work above shoulders <b>L, R, B</b>  |       |                             |                                   |                                 |                                       |   |  |  |
|  | Keyboard <b>L, R, B</b>  |       |                             |                                   |                                 |                                       |   |  |  |
|  | Wrist (flexion/extension) <b>L, R, B</b>   |       |                             |                                   |                                 |                                       |   |  |  |
|  | Grasp (forceful) <b>L, R, B</b>  |       |                             |                                   |                                 |                                       |   |  |  |
|  | Fine manipulation <b>L, R, B</b>   |       |                             |                                   |                                 |                                       |   |  |  |
|  | Operate foot controls <b>L, R, B</b>   |       |                             |                                   |                                 |                                       |   |  |  |
|  | Vibratory tasks; high impact   |       |                             |                                   |                                 |                                       |   |  |  |
|  | Vibratory tasks; low impact  |       |                             |                                   |                                 |                                       |   |  |  |
|  | <b>Lifting / Pushing</b>   |       | Never                       | Seldom                            | Occas.                          | Frequent                              | Constant                                  |  |  |
|  | <b>Example</b>   |       | <u>50</u> lbs               | <u>20</u> lbs                     | <u>10</u> lbs                   | <u>0</u> lbs                          | <u>0</u> lbs                              |  |  |
|  | Lift <b>L, R, B</b>  |       | ___ lbs                     | ___ lbs                           | ___ lbs                         | ___ lbs                               | ___ lbs                                   |  |  |
|  | Carry <b>L, R, B</b>   |       | ___ lbs                     | ___ lbs                           | ___ lbs                         | ___ lbs                               | ___ lbs                                   |  |  |
|  | Push / Pull <b>L, R, B</b>   |       | ___ lbs                     | ___ lbs                           | ___ lbs                         | ___ lbs                               | ___ lbs                                   |  |  |
|  | <b>Employer Notified of Capacities?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Modified duty available? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Date of contact: ____/____/____<br>Name of contact: _____<br>Notes: _____ |       |                             |                                   |                                 |                                       |   |  |  |
| <b>Note to Claim Manager:</b><br><br>New diagnosis: _____<br><b>Opioids prescribed for:</b> <input type="checkbox"/> Acute pain or <input type="checkbox"/> Chronic pain |  |       |                             |                                   |                                 |                                       |   |  |  |

- It replaces the doctor's estimate of physical capacity form that vocational counselors and employers often send when they are identifying alternative work. Sending/updating it regularly enables vocational counselors and employers to identify potential opportunities for light/modified duty without sending you a request for information (thereby reducing delay).
- Should be completed with the assumption that light/modified duty is available.
- **One box must be checked as to how long the current capacity will last (in days), or whether it is permanent.**
- **A new column allows for the designation of seldom (1-10%). All columns now show hours (seldom 0-1 hour).**
- **Vibratory tasks added to list.**
- It is an *estimate* based on the provider's clinical opinion, not a performance-based evaluation. Conservative estimates are acceptable.
- This is the prescription of what the worker **SHOULD** physically do and not do.
- **MUST** be completed--**ESPECIALLY WHEN** the worker is not released to work
  - So the worker understands what they should physically do and not do to enhance recovery
  - The employer could have or create modified duty to meet the restrictions
  - Even a slight increase in abilities may open the possibility of modified duty
- Indicate restrictions only when a physical demand must be restricted for your worker. Those left blank will be considered as not restricted.
- "Other instructions" could include need to elevate limb periodically, not to drive when taking medications, no use of left arm, etc.
- Be specific with instructions
  - Avoid "as worker feels able to"
  - Avoid "as tolerated"
  - Use "increase lifting 5# per week"
  - Use "increase 30 minutes per week"
- A phone call to the employer is an advisable best practice. It may be billed for as a separate service with proper supporting documentation. For phone calls to employers regarding care of the injured worker use CPT® codes 99441, 99442, 99443 (physicians) or 98966, 98967, 98968 (non-physician healthcare professionals – PA-Cs, ARNPs, psychologists).
- The note to claim manager is intended to help you draw the claim manager's attention to an issue, i.e. "right shoulder strain should be included on claim" or "need authorization for..." **It now includes space for a new diagnosis and opioid prescriptions.**

## What is important about the **Plans** and **Sign** sections?

|                        |   |   |
|------------------------|---|---|
| <b>Required: Plans</b> | Worker progress: <input type="checkbox"/> As expected / better than expected.<br><input type="checkbox"/> Slower than expected. <i>Address in chart notes</i> | <input type="checkbox"/> Next scheduled visit in: _____ days, _____ weeks.  |
|                        | Current rehab: <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Home exercise<br><input type="checkbox"/> Other _____         | <input type="checkbox"/> Treatment concluded, Max. Medical Improvement (MMI)<br>Any permanent partial impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly<br>If you are qualified, please rate impairment for your patient.<br><input type="checkbox"/> Will rate <input type="checkbox"/> Will refer <input type="checkbox"/> Request IME |
|                        | Surgery: <input type="checkbox"/> Not Indicated <input type="checkbox"/> Possible <input type="checkbox"/> Planned  | <input type="checkbox"/> Care transferred to: _____   |
|                        | Comments: _____   | <input type="checkbox"/> Consultation needed with: _____<br><input type="checkbox"/> Study pending: _____   |

- Rest is no longer an option for rehab plan
- Surgery can now be checked as “possible”
- Next scheduled visit is now in days or months, instead of a specific date
- Rating choices are no longer just yes and no, but say “Will rate, Will refer or Request IME”
- Quickly/briefly establishes your plan for rehabilitation.
- Enables you to succinctly indicate whether IW is progressing with rehabilitation.
- Comments are strongly encouraged in this section.
- Identifies what should happen next – alerts claim manager to actions that they may need to take (impairment rating exam, closing exam, claim closure)
- Can replace the Physician’s Final Report if:
  - it clearly indicates that the worker is fixed/stable (treatment is concluded), and
  - it indicates whether impairment exists
    - if it does, provide the impairment rating to enable the claim manager to close the claim without sending a request to rate (may be done at this or a subsequent visit).
    - if not willing **or able** to rate, indicate **whether you will refer to someone else or request an IME.**
  - the claim is ready for closure
- Talking points to discuss with injured worker are located on back of form.
  - The talking points are important in terms of setting reasonable expectations for the worker’s recovery. If the worker is expecting to be pain-free prior to returning to work and you don’t think that will be the case, letting the worker know up front is beneficial.
  - Likewise, if your plan is for a gradual return to work, letting the worker know that’s what will be happening is appropriate. Then they are not surprised when they are released to some form of work.
  - If the worker is reluctant to be released to modified duty, a conversation about the importance of maintaining some activity level as part of the recovery process, and the fact that the activity level being prescribed is not harmful is an important conversation.